

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)**

SERIAL NO.

09/622974

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER (1st) AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		0		/		
5	/		/			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	7	→	6	→		→
TOTAL CLAIMS	9		8			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		→		→		→
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS